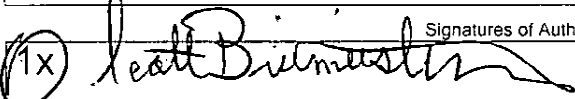


Frost Bank

Account Holder Names: SHERFIELD MEDICAL ADVISORS, LLC		ACCOUNT NUMBER: 7697	
Mailing Address: [REDACTED]		Product Name: Frost Business Checking	
Home Phone: [REDACTED] Work Phone: [REDACTED]		CD Customer Number:	
Number of Signatures Required: 1		ACCOUNT PURPOSE: Non Consumer	
Special Instructions:		OWNERSHIP TYPE: Limited Liability Co	
CIF Number: 0003665631		DATE OPENED: 09/12/13	
		DATE REVISED:	
		VERIFIED BY: CHEXSYSTEM	
		OPENED/REVISED BY: Sandoval, Jessica	

Signatures of Authorized Individuals. This Agreement is subject to all terms below.	
1x  Name SCOTT BREIMEISTER, President	2x Name
3x Name	4x Name

Each of the authorized individual(s) certify that they have all required authority to act with respect to this account(s) and, jointly and severally, agree to indemnify and hold Financial Institution harmless from and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibility or duty to assure or verify that Authorized Individual(s) have or are acting within the authority given them by the authorizing document or that such authorizing document is genuine or valid, even if Financial Institution has seen or retained a copy of such document.

The Authorized Individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, Substitute Check Policy Disclosure, and the Electronic Fund Transfer Agreement and Disclosure, (if applicable), as amended by the Financial Institution from time to time. Each of the Authorized Individual(s) signing also acknowledges that the Financial Institution provided at least one copy of these deposit account documents.

TIN/BACKUP WITHHOLDING

Reporting SSN/TIN: 46-3601196

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am a U.S. person (including a U.S. resident alien), and that (check appropriate box):

- ☒ I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.
- ☐ I am subject to backup withholding.

Signature of Authorized Individual

Date: _____

For instructions, see Internal Revenue Service Form W-9 that is available at the financial institution.

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.

MMN = Mother's Maiden Name

Signer #1: SCOTT BREIMEISTER		SSN:	
Street:			
Address:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Alternate ID:	
DL/ID#:		MMN:	Issue Date: Exp. Date: Issuance:
Signer #2:		SSN:	
Street:			
Address:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Alternate ID:	
DL/ID#:		MMN:	Issue Date: Exp. Date: Issuance:
Signer #3:		SSN:	
Street:			
Address:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Alternate ID:	
DL/ID#:		MMN:	Issue Date: Exp. Date: Issuance:
Signer #4:		SSN:	
Street:			
Address:			
Home Phone #:		Work Phone #:	
Employer:		Occupation:	
DOB:		Alternate ID:	
DL/ID#:		MMN:	Issue Date: Exp. Date: Issuance:

DATE RECEIVED

SEP 13 2013

NOTE: There may be only one Custodian for an account under the Uniform Transfers to Minors Act or the Uniform Gifts to Minors Act. All fiduciaries appointed by order of a court must each sign this signature card.

Depositor's Authorization Documents have not been filed.

GX901.001

DOJ_18CR368-0061423

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Signatures of Authorized Individuals. This Agreement is subject to all terms on reverse.

5x Name	6x Name
7x Name	8x Name
9x Name	10x Name

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies. MMN = Mother's Maiden Name

Signer #5: **SSN:**

Street:
 Address:
 Home Phone #:
 Employer:
 DOB:
 DL/ID#:

Work Phone #:
 Occupation:
 Alternate ID:
 MMN: Issue Date: Exp. Date: Issuance:

Signer #6: **SSN:**

Street:
 Address:
 Home Phone #:
 Employer:
 DOB:
 DL/ID#:

Work Phone #:
 Occupation:
 Alternate ID:
 MMN: Issue Date: Exp. Date: Issuance:

Signer #7: **SSN:**

Street:
 Address:
 Home Phone #:
 Employer:
 DOB:
 DL/ID#:

Work Phone #:
 Occupation:
 Alternate ID:
 MMN: Issue Date: Exp. Date: Issuance:

Signer #8: **SSN:**

Street:
 Address:
 Home Phone #:
 Employer:
 DOB:
 DL/ID#:

Work Phone #:
 Occupation:
 Alternate ID:
 MMN: Issue Date: Exp. Date: Issuance:

Signer #9: **SSN:**

Street:
 Address:
 Home Phone #:
 Employer:
 DOB:
 DL/ID#:

Work Phone #:
 Occupation:
 Alternate ID:
 MMN: Issue Date: Exp. Date: Issuance:

Signer #10: **SSN:**

Street:
 Address:
 Home Phone #:
 Employer:
 DOB:
 DL/ID#:

Work Phone #:
 Occupation:
 Alternate ID:
 MMN: Issue Date: Exp. Date: Issuance:

Beneficiary/Payee Name and Address: **SSN:****Sole Proprietorships:****Physical Address of Business (if other than mailing address):****Owner's Address (if other than mailing address):****Owner's Personal ID Number (issued by Department of Public Safety):**

GX901.002

DOJ_18CR368-0061424